

Department of Police * City of Chicago
3510 South Michigan Avenue * Chicago, Illinois 60653

Date 04 January 2012

Re: C. L. No. 1049913

Dear [REDACTED]

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: Donald EDWARDS

Address: 3510 S. Michigan Ave, Chgo, IL 60653

Telephone: 312-745-6310

Hours Available: 8am - 4pm Monday - Friday

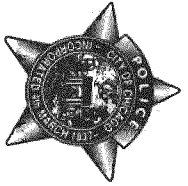
Sincerely,

A handwritten signature in black ink, appearing to read "Donald Edwards", written over a horizontal line.

CPD-44.223 (REV. 1/07)

Emergency: 9-1 -1 * Non-Emergency: (Within City limits) 3-1 -1 * Non-Emergency: (Outside City limits) 312-746-6000
TTY: 312-746-9715 * E-mail: police@ci.chi.il.us * Website: www.ci.chi.il.us/CAPS

CPD 0021379



City of Chicago
Department of Police
3510 South Michigan Avenue
Chicago, Illinois 60653
D. EDWARDS Unit 121 GIS

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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D. EDWARDS Unit 121 GIS USE

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60653 1020

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or P.O. Box No. Chicago, IL 60610
City, State ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chicago, IL. 60610

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A. Signature	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Address
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
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<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

4750267, JLY 11, 15

CPD 0021380